



The Commonwealth of Massachusetts
Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor, Boston, MA 02108
Telephone: (617) 727-3696 Fax: (617) 727-0726

RENEWAL APPLICATION AS A REGISTERED SERVICE FIRM

Current Registration Number: _____ **Registration Expiration Date:** _____

1. FIRM'S NAME: _____

2. PARENT OR AFFILIATE COMPANY NAME: _____

3. FIRM'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

4. FIRM'S FORMER NAME AND/OR ADDRESS: _____

5. FIRM'S TELEPHONE NUMBER: (_____) _____

6. FIRM'S FAX NUMBER: (_____) _____ EMAIL ADDRESS: _____

7. NATURE OF THE BUSINESS - WILL OR DOES THE FIRM:

- | | | |
|--|-----|----|
| (a) Charge a fee for its services? | YES | NO |
| (b) If the answer to Question #1 is yes, does the applicant for employment pay ANY of the fee? | YES | NO |
| (c) Provide domestic employees to employer families? (Employees who work in a home of the employer family) | YES | NO |
| (d) Register person(s) seeking help, employment or engagements? | YES | NO |
| (e) Give information as to where and of whom such help, employment or engagements can be solicited? | YES | NO |
| (f) Solely provide employers, by electronic means, information pertaining to the biography background and experience of applicants for temporary employment, help or engagement? | YES | NO |
| (g) Provide permanent placement services? | YES | NO |
| (h) Provide only temporary placement services (less than 10 weeks)? | YES | NO |
| (i) Provide only part-time services? | YES | NO |

8. FIRM IS: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

9. CIRCLE ONE: Main Office Branch office

10. NAME OF OWNER:_____

11. ADDRESS OF OWNER:_____

12. WHAT KIND OF WORK WILL APPLICANTS WHO FIND WORK THROUGH YOUR FIRM PERFORM?
(e.g. accounting, secretarial, factory workers, asbestos/lead paint removers, models, home health care, etc.)

13. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND **ALL FACTS PREVIOUSLY REPORTED ON THE ORIGINAL REGISTRATION APPLICATION HAVE NOT CHANGED.** I UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR LICENSE.

Name

Address

Date

14. THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH A COMPLETED APPLICATION FOR RENEWAL OF THE REGISTRATION AS A SERVICE FIRM. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

PLEASE MAKE SURE YOUR APPLICATION CONTAINS THE FOLLOWING:

- A check or money order made payable to the Commonwealth of Massachusetts for the required \$300 fee for a main office and/or \$180 for each branch office. If firm has branch locations be sure to attach addresses.
- A copy of the Certificate of Insurance from a current Worker's Compensation policy including the assigned Worker's Compensation Policy number and applicable WC codes.
- An affidavit attesting to compliance with all Massachusetts state tax laws.

Mail completed application to:

**Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor
Boston, MA 02108**

Notary Public